



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Unique Well Tag No: ALQ367

RECORD VERIFICATION (check ☒ one)



Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)



Verification inconclusive



Well Report not available

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: Patti Last Name: White

Street Address: 7124 Maxwellton Rd

City: Clinton State: WA

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: 7124 MAXWELTON ROAD

City: CLINTON County: ISLAND

T. _____ N. R. _____ W.M. Sec. _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____ "

Longitude _____ "

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available:



Location marked on topographic map (please attach)



Location marked on air photo (please attach)



GPS



Topographic Map



Survey



Computer generated



Digital Altimeter



Topographic Map



Other _____

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

6" CASING IN DOGHOUSE NEXT TO Pumphouse

Location of Well identification Tag:

ON CASING

Was supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

If yes, where was tag placed?

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION

COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right #

Date Issued

Circle One: Application Permit Certificate Claim Exempt

File Original and First Copy with
Department of Ecology
Second Copy—Owner's Copy
Third Copy—Driller's Copy

WATER WELL REPORT

STATE OF WASHINGTON

29/3E/33 N
Start Card No. 075614

Water Right Permit No. _____

(1) OWNER: Name P. Rodkinson Address 7403 KEENLY N. SEATTLE 98107

(2) LOCATION OF WELL: County ISLAND SW & SW & Sec 33 T29 N. R3E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 7122 MAXWELL RD CLINTON WA. 98236

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) 1
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 93 feet. Depth of completed well 93 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 Diam. from 0 ft. to 88 ft.
Welded ☒ Diam. from _____ ft. to _____ ft.
Liner installed ☐ Diam. from _____ ft. to _____ ft.
Threaded ☐ Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒
Type of perforator used _____
SIZE of perforations _____ in. by _____ in.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐
Manufacturer's Name COOK
Type STAINLESS Model No. _____
Diam. 6 Slot size 12 from 88 ft. to 93 ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18+ ft.
Material used in seal BENTONITE
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____ H.P. _____
Type: _____

(8) WATER LEVELS: Land-surface elevation above mean sea level 100- ft.
Static level 73' ft. below top of well Date APR 91
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☐ No ☐ If yes, by whom? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
Time Water Level Time Water Level Time Water Level

Date of test _____
Bailer test 15 gal./min. with 10 ft. drawdown after 2 hrs.
Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☐

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
SANDY HARD PAN	0	36
CLAY	36	46
HARD COMPACT SAND	46	70
DIRTY SAND	70	80
WATER SAND	80	93
CLAY	93	

ISLAND COUNTY - Well Site Approved -

RECEIVED

APR 12 1991

DEPARTMENT OF ECOLOGY
NORTHWEST REGION

Work started _____ 19. Completed APR 12, 1991

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME WHIDBEY DRILLERS (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
Address DAK HARBOR WASH 98277

(Signed) [Signature] License No. 129
(WELL DRILLER)
Contractor's Registration NOV 1989 285MM Date April 10, 1991

(USE ADDITIONAL SHEETS IF NECESSARY)